RCSI

ROYAL COLLEGE OF SURGEONS IN IRELAND

COLÁISTE RÍOGA NA MÁINLEÁ IN ÉIRINN

COLLES Grant/Fellowship Report Form

Fellowship/Grant Holder Name	DR. FARDOD O'KELLY
Brief biography, including qualification and year of graduation (no more than 100 words)	2016 Royal College of Surgeons in Ireland*:* **Intercollegiate Fellowship in urology (F.R.C.S. Urol)** 2013 – 2014 University College Dublin: **Diploma Healthcare Informatics** 2010 – 2012 University of Dublin - Trinity College: **Doctor of Medicine (M.D.)** 2009 Royal College of Surgeons in Ireland*:* **Intercollegiate membership in surgery (M.R.C.S.)** 2002 – 2007 Royal College of Surgeons in Ireland: **Medicine (M.B. B.AO. B.Ch. LRCPI&SI)**; **B.Med.Sci.** 2006 University of Dublin - Trinity College*:* **M.A.** 1998 – 2002 University of Dublin - Trinity College: **B.A. (Mod.) (Hons) Biochemistry** Member of the Irish Society of Urology (2010-) Member of the European Association of Urology (EAU-98960) (2013-) Member of the American Urological Association (AUA-00866541) (2015-) Member of the Canadian Urological Association (CUA-4594) (2016-) Member of the British Association of Paediatric Urology (2016-) Member of the European Association of Paediatric Urology (2017-) Member of the Royal College of Surgeons in Ireland (2009-2016) Fellow of the Royal College of Surgeons in Ireland (2016-)

	<u>Total Number of Publications:</u> 48 **<u>National and International Presentations:</u> 63** **<u>Book Chapters</u>: 6** Chair – Paediatric Urology Session, EAU 2016 (Munich) ESOU/Ipsen STEPS Scholar, 2016 CICT Medal in Undergraduate Research, 2004 RCSI Grant Undergraduate Research, 2004 Excellence in Surgical Teaching Award, University College Dublin, 2016 RCSI Colles Medal and Travelling Fellowship Award, 2017
Title of Project/Fellowship	CLINICAL FELLOWSHIP IN PAEDIATRIC UROLOGY
Year of Award: **Commencement Date:** **Conclusion Date:**	2017 (CHARTER DAY) 1/7/2017 30/6/2018

Summary (no more than 250 words)

The paediatric urology fellowship in CHEO provided a vast number of opportunities which would not have been possible to acquire in Ireland. To date I have performed >500 operations with 2.5 days per week in the operating room. The rest of the time is spent in clinics where I personally saw approximately >1000 paediatrics patients encompassing a wide variety of conditions through this tertiary referral hospital.

From an operative perspective, this fellowship has allowed me to become proficient in paediatric urological laparoscopy including nephrectomy and pyeloplasty, the surgical management of complex penile reconstruction, and the use of the laser in paediatric stone disease.

Unexpectedly, one unintended benefit of working in paediatric urology in North America exposed me to the critical and meticulous communication and documentation that goes with surgery on this continent. I became fully trained in Epic which is the most common electronic medical record (EMR) system used on the continent. I also became acquainted with prenatal consultation in order to streamline the transition from pregnancy to birth with urological conditions.

Working in CHEO also allowed me to conduct clinical research, as well as to create a collaboration between CHEO and Sick Kids. I have also been selected to spearhead a quality improvement project for the province of Ontario to reduce variability between urological practices, and to attempt to standardize care based on best practice.

From CHEO, I will be moving to Sick Kids to work as junior staff prior to coming home to hopefully work in Ireland.

Grant Report (in the region of but no more than 500 words)

Objectives of Project/Fellowship:

1. To keep a detailed log of each operation performed, not only for my own records, but also the equipment (fixed and disposable) and perioperative care provided for complex paediatric urological surgery

2. To learn how to establish and develop multidisciplinary team clinics for cross-specialty conditions (disorder of sexual differentiation, stones, spina bifida, cloacal malformations)

3. To perform cost-based analysis on the provision of minimally invasive surgery

4. To learn how to perform laparoscopic techniques such as pyeloplasty, (hemi)nephrectomy, and re-implants, with a view to providing this service for the first time in Ireland. The aim would be to act as a platform for the proposed development of robotic paediatric urology services over the next 5-7 years

5 To set up a clinical research collaboration between Ontario and Dublin to allow for the exchange of data and ideas, which will enhance peer-reviewed publication

6. To allow for this fellowship to forge a new path for future trainees who wish to pursue a career in paediatric urology, whom to date have had no outlet to pursue such a fellowship, and were forced to either curtail their paediatric urological practices or to re-train in paediatric surgery

Did you achieve these objectives?

I achieved a number of these proposed objectives including keep an operative log (>500 procedures) and cost analysis for complex paediatric urological operations. It was not possible to informatively and objectively assess a cost-based analysis of minimally invasive surgery. I also learned how to establish and develop multidisciplinary teams for various aspects of urological care including paediatric stones, vesicoureteric reflux and disorders of sex development.
I learned how to perform complex paediatric urological laparoscopy including nephrectomy, and pyeloplasty. I was not exposed to laparoscopic ureteric reimplantation, as this was performed as an open procedure.
I was not successful in creating a research collaboration between Ontario and Dublin, however this remains in the pipeline. I was however able to establish a new paediatric urological collaboration between CHEO in Ottawa, and Sick Kids in Toronto.
I was also able to garner some attention for my fellowship to other Irish trainees, and one such urological SpR will be applying to CHEO for a fellowship in 2020

In your opinion, what is the value of your award to:

(a) Yourself

The Colles and Travel award for me was absolutely invaluable from a personal perspective, as I moved to Canada with my wife and 3 children, and the cost of establishing a home and setting up professionally on my current institutional salary would be been completely prohibitive. It also allowed us to travel home in Feb 2018 to deliver a lecture at the RCSI Charter Day.
The award will also be an invaluable addition to my CV to demonstrate the acquisition of a very competitive grant, as well as being the first urology recipient in a generation

(b) The institution in which you worked

The Colles and Travel award allows competitive Irish trainees to travel to North America to pursue fellowships which may be non or partially funded. Irish trainees are, in general very well trained, but in the contemporary setting, many have families, and North American fellowship (traditionally not

well paid) can be prohibitive. Therefore the Colles grant benefits fellowship institutions not only to attract high quality trainees, but to gain further exposure in Ireland through Charter Day and general interest

(c) In the future for Irish patients

The RCSI Colles grant has allowed me to pursue a fellowship in CHEO and from there move on to Sick Kids in Toronto which is the 2nd largest research children's hospital in the world. From there I will gain further oncological, minimally invasive and paediatric renal transplant experience and training. The benefit to Irish patients is guaranteed as, in addition to operative experience, I will bring home EMR experience, multidisciplinary clinic, superior communication techniques, research, and collaboration.

****What the Colles award has not achieved however, is the active canvassing & attempt to ensure that Colles Medal recipients are attracted home to bring their experience directly to the Irish population as appointed consultants. I complete my fellowship and further training with absolutely no guarantee or mention of an appointment. There have been 2 paediatric urological jobs approved by the government, for which I feel my experiences and training would lend perfectly, however the lack of manpower planning is frustrating. The RCSI is well-positioned to take a leading role in this current transition deficiency****